

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 13 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35677
State File No. _____
Registrar's No. 1307

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1201 Olive St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Josephine A. King

3. (b) If veteran No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William E. King 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased April 23 1878 (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 10 If less than one day hr. min.

9. Birthplace St. Joseph Missouri (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business At home

12. Name Casper Rudolph

13. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

14. Maiden name Margaret Dorest

15. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant Charles A. Riemen

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 12/6/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph, Mo.

19. (a) 12-6-48 (b) G. B. Jenkins (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1201 Olive St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3 year 1948 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 30 1948 to Dec 3 1948; that I last saw her alive on Dec 3 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Duration
Diabetes mellitus 4 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature Mustard H. H. (M. D. or other)

Address 1201 Olive St. St. Joseph Date signed 12/7/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Wmmy O. Becker, Registered Apprentice No. 287
working under my personal supervision.

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 E. 10th St. Des Moines, Ia.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.